

Foster Family Home - Corrective Action Report

Provider ID: 1-521783

Home Name: Rowena Lat, CNA

Review ID: 1-521783-8

98-845 Iliee Street

Reviewer: Maribel Nakamine

Aiea

HI 96701

Begin Date: 8/31/2020

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 9/30/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#2's APS/CAN lapsed on 9/29/17 and no current result seen in home binder; Ecrim of CG#2 also lapsed on 9/14/19 and no current result seen in home binder.

Foster Family Home Records

[11-800-54]

54.(a) Each home shall maintain an administrative notebook including but not limited to

54.(c)(5) Medication schedule checklist;

Comment:

54.(a)- CG#1's home binder was disorganized- missing documents, expired documents, etc.

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.

Client #1- one medication was not transcribed in the Medication Administration Record.

Client #2- three medications were not available.

Client #3- one medication was not transcribed in the Medication Administration Record.

Maribel Nakamine, RN
Compliance Manager

[Signature]
Primary Care Giver

8/31/2020

Date

8/31/2020

Date

CTA RN Compliance Manager: Maribel Nakamine,RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Rowena Lat,CNA

(PLEASE PRINT)

CCFFH Address: 98-845 Iliee Street Aiea, Hawii 96701

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.a.1.	Lapse cannot be corrected.	09/30/20	On my iphone calendar, I organized CG#1 and CG#2 APS/CAN and background check dates so I can check them everyday since i always carry my iphone with me every day.
54.a.	Created new binder to place missing documents,current documents and ect.	09/30/20	I will organize my binder and maintain a file so that documents will be easier to find. As for the missing documents , I will be sure to provide them and file them in the correct place. I will be sure to also renew expired documents before the due date approaches.
54.c. 5	Client#1: They are transferred.	09/21/20	Date of transferred.
54.c.	Client #2: Replaced empty meds with the new refilled medication.	08/31/20	As a PCG, i will asurre that when the medication is need of refill, i will put the refilled prescription in the medicine cabinet instead of the office room for easier access.
54.c.	Client#3:As PCG, I will update my MARS with my casemanager at all time.	09/30/20	As a PCG, I will make sure that before providing medication (including over the counter medication), I will have the MD order documented.

☒ All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 10/01/20

☒ CTA has reviewed all corrected items